



STATE OF HAWAII
APPLICATION FOR CIVIL SERVICE POSITION
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
Personnel Office, 830 Punchbowl Street, Room 312
Honolulu, Hawaii 96813

GENERAL INSTRUCTIONS: Please type or print legibly in ink.

The information you provide will be used to determine whether you qualify for the job(s) for which you are applying.

- Before applying, read the job requirements described in the **Announcement** carefully to determine if you qualify for the job.
- Any additional required forms described in the **Announcement** can be obtained from this office.
- Answer the questions completely and accurately. Your application may be rejected if it is incomplete or you may be disqualified or dismissed from employment if you provide false information.
- You must notify this office in writing of any changes to your name, address, telephone number or availability information.
- We will not be responsible for any mail or correspondence which does not reach you.
- Your application and supporting documents are confidential and become our property. Please keep copies for your own record.
- The information you submit on this form may be verified.
- The information on pages 1 and 2 will not be released to persons involved in the appointment process.

The State of Hawai'i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

1. CITIZENSHIP STATUS.

Place a checkmark in the appropriate block:

- A. ☐ Citizen of the U.S.
B. ☐ National of the U.S.
C. ☐ Permanent Resident Alien of the U.S.
D. ☐ Other – Non-citizen of the U.S.

Are you authorized under federal law to work in the U.S.
without restrictions?

☐ Yes ☐ No Type of Visa _____

2. UNITED STATES MILITARY SERVICE.

Veterans Preference I claim (see description below)

☐ 5 points ☐ 10 points

Serial or Service No.: _____

Date Entered Service: _____

Date Separated From Service: _____

Type of Last Separation:

☐ Honorable ☐ Other than honorable

5 points veterans preference may be awarded to honorably separated veterans who served on active duty in the U.S. Armed Forces:

- A. During the period December 7, 1941 to July 1, 1955;
- B. For more than 180 consecutive days from Jan. 31, 1955 through Oct. 14, 1976 (Not including initial active duty for training under Reserve or National Guard programs);
- C. In a campaign or expedition for which a campaign badge or service medal was authorized.

10 points veterans preference may be awarded to:

- A. Honorably separated veterans with service-connected disability; including those awarded the Purple Heart;
- B. The spouse of an honorably separated veteran with a service-connected disability which disqualifies the veteran from State positions in his/her usual occupation;
- C. An unremarried, surviving spouse of a person who died while on active duty, or of an honorably separated veteran who served during the periods cited above.

To receive 5 points, you must submit a copy of your DD-214 showing dates of honorable service with this application. To receive 10 points, you must submit an official statement from the Veterans Administration or armed service dated within the past 12 months which confirms your qualification to receive 10 points preference. Spouses or widows must also submit evidence of marriage, and, as applicable, veteran's death.

3. _____
JOB TITLE(S) APPLYING FOR

4. _____
RECRUITMENT NUMBER(S)

5. **NAME:** _____
Last First Middle

6. **MAILING ADDRESS:** _____
P.O. Box or Number and Street

City State Zip Code

7. **PHONE NUMBER:** _____
Home Other

8. **SOCIAL SECURITY NUMBER:** _____

9. CERTIFICATE OF APPLICANT

I hereby certify that all statements in this application are true and correct to the best of my knowledge, and I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment in the service of the State of Hawai'i. I have read the terms or conditions stated on this application and understand that there may be additional employment-related tests as required.

Date Original Signature of Applicant

Information requested in items 10 through 14 is needed to make determinations on your suitability for employment. Convictions, dismissals from employment or dishonorable separations from military service do not automatically disqualify you from employment. The circumstances of each individual case will be evaluated against the requirements of the position for which you have applied, to determine suitability for employment. The information on this page will not be released to persons involved in the appointment process.

10. DISMISSALS FROM EMPLOYMENT AND/OR DISHONORABLE SEPARATIONS FROM MILITARY SERVICE

Within the past five years, were you:

- A) Fired, terminated for cause, dismissed, discharged or asked to resign from employment? ☐ YES ☐ NO
- B) Separated from military service under conditions other than honorable? ☐ YES ☐ NO

(If you answer "Yes" to question 10A or 10B, please indicate in item #14 below, the date and reasons for your dismissal from employment or separation from military service. For dismissals from employment, provide also the name and address of the employer.)

11. CONVICTION OF A VIOLATION OF LAW

- A) Have you been convicted of a violation of law?..... ☐ YES ☐ NO

Report state, federal, military, international and other convictions.

NOTE: In answering this question, you need NOT report the following:

- (1) Arrests not followed by convictions;
- (2) Convictions which were annulled or expunged;
- (3) Offenses for which you were tried as a minor or juvenile;
- (4) Convictions of offenses punishable by fine only. (You must report any conviction that could have resulted in a jail sentence even if your sentence was only a fine. If you are in doubt, please answer "YES" and explain in item #14 below.)
- (5) Convictions of a misdemeanor in which the period of 20 years has elapsed since the date the sentence was fulfilled and during which elapsed time there has not been any subsequent arrest or conviction.

- B) Within the past three years, have you been convicted of any offense related to controlled substances? ☐ YES ☐ NO

- C) Have you ever been convicted of any act, attempt, or conspiracy to overthrow the State or federal government by force or violence?..... ☐ YES ☐ NO

(If you answer "Yes" to question 11A, 11B, or 11C, indicate in item #14 below, the date, nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.)

12. SUSPENSION OR REVOCATION OF LICENSE

- Was your license or certification to practice in a regulated profession (for example, physician, engineer, nurse, plumber, etc.) ever suspended or revoked? ☐ YES ☐ NO

(If you answer "Yes," please indicate in item #14 below, the type of license; the date; the state; the specific board or organization that suspended or revoked your license; the circumstances of the suspension or revocation; and any other relevant information you wish to provide.)

13. SETTLEMENTS OR AGREEMENTS

- Have you accepted a settlement, a cash buyout such as through the State's Separation Incentive Program, or, are you subject to any restriction limiting or precluding you from seeking or securing employment with the State of Hawai'i? ☐ YES ☐ NO

14. USE THIS SPACE TO EXPLAIN ANY "YES" ANSWERS TO THE QUESTIONS ABOVE.

EDUCATION AND EMPLOYMENT HISTORY

1. RECRUITMENT NUMBER(S): _____ 2. JOB TITLE(S) _____

The information you provide will be used to determine whether you meet public employment requirements and the minimum qualification requirements in the Class Specifications. Federal laws (Title VII of the Civil Rights Act of 1964, the Civil Rights Act of 1991, and the Americans with Disabilities Act) prohibit employers from discriminating on the basis of race, color, religion, sex, national origin, or disability. The Age Discrimination in Employment Act prohibits discrimination on the basis of age. Chapter 378, H.R.S., prohibits employers from discriminating on the basis of race, sex, sexual orientation, age, religion, color, ancestry, disability, marital status, or arrest and court record except where it is a bona fide occupational qualification. The federal laws apply to all forms of employment decisions and actions, including pre-employment inquiries. The State of Hawai'i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

3. NAME: _____
 Last First Middle

Other names used _____
 (including maiden names)

MAILING

4. ADDRESS: _____
 P.O. Box or Number and Street

City State Zip Code

PHONE

5. NUMBER: _____
 Home Other

SOCIAL SECURITY

6. NUMBER: _____

7. EDUCATION: When verification is required, the documentation must be submitted at the time of the application. If not, you may not receive credit for the training and/or your application may be considered incomplete and rejected. The information you provide in this section will be used strictly in the evaluation of your qualifications for the position(s) for which you are applying. Your responses may be verified.

**DO NOT
WRITE
IN THIS
SPACE**

A. NAME AND LOCATION (city and state) of last grade school attended: (elementary, intermediate or high school)	Highest Grade Level Completed	Date of Graduation (Month, Year)
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B. TRAINING: In-service training, business, trade, armed forces, college or university, graduate of professional schools.

NAME & ADDRESS	Course or Major Field of Study	Number of Credits or Hours Completed		Kind of Degree, Diploma or Certificate Received	Date Received
		Semester	Quarter		

8. OTHER QUALIFICATIONS

A. LICENSE OR CERTIFICATE: Please indicate the kind, registration number, and the state or other licensing authority. *If proof of evidence is required, please submit a copy or present for verification.*

B. KNOWLEDGE OF LANGUAGE OTHER THAN ENGLISH: List the language and check the appropriate block(s). Some positions require the ability to speak, read, and/or write in a language other than English.

LANGUAGE	SPEAK	READ	WRITE

C. SPECIAL QUALIFICATIONS: Include membership in professional or scientific societies, honors, awards, fellowships, publications (list but do not submit unless requested), etc.

Please complete this section even if you are attaching a resume or other documents.

Your Present or Last Position	Employer _____	From: _____	Month _____	Year _____
	Address _____	To: _____	Month _____	Year _____
	Name and Title of Your Supervisor _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer		
	Your Title _____	Average hours worked per week _____		
	Duties and Responsibilities _____	Starting Salary \$ _____ Per _____		
	_____	Ending Salary \$ _____ Per _____		
_____	Reason(s) for leaving _____			
_____	_____			
_____	_____			
_____	_____			

Employer _____ Address _____ _____ Name and Title of Your Supervisor _____ Your Title _____ Duties and Responsibilities _____ _____ _____ _____	From: _____ <div style="text-align: center; font-size: small;">Month Year</div> To: _____ <div style="text-align: center; font-size: small;">Month Year</div> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer </div> Average hours worked per week _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____ _____ _____
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Employer _____	From: _____
Address _____	Month _____ Year _____
_____	To: _____
Name and Title of Your Supervisor _____	Month _____ Year _____
Your Title _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer
Duties and Responsibilities _____	Average hours worked per week _____
_____	Starting Salary \$ _____ Per _____
_____	Ending Salary \$ _____ Per _____
_____	Reason(s) for leaving _____
_____	_____
_____	_____

Employer _____	From: _____ Month _____ Year _____
Address _____ _____	To: _____ Month _____ Year _____
Name and Title of Your Supervisor _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer
Your Title _____	Average hours worked per week _____
Duties and Responsibilities _____ _____ _____ _____ _____	Starting Salary \$ _____ Per _____
	Ending Salary \$ _____ Per _____
	Reason(s) for leaving _____ _____ _____

NAME _____

Recruitment Number _____

Required Supplement to the Application for:

OCCUPATIONAL SAFETY AND HEALTH PROGRAM SPECIALIST IV-V

Provide the following information for each of your employment in the occupational safety and health field. **Use the reverse side of this form and additional blank sheets as necessary to provide the information.** Duplicate this form or use additional blank sheets as necessary to provide a separate response for each period of employment.

1. Name of employer, name of your supervisor, and date of employment.
2. Your title:
3. Based on 40 hours per week= 100%, provide a breakdown of time spent performing the various duties of your position.
4. Name and title of the on-site employee with overall responsibility for insuring compliance with federal and state OSHA regulations. If you were not this person, explain how your OSH duties differed from that individual's responsibilities.
5. Were there others, besides yourself, with on-site OSHA responsibilities? If so, please give their title(s) and explain how your duties differed from theirs.
6. Describe you OSH safety inspection responsibilities.
7. Describe your responsibility for implementing and enforcing OSHA Standards. (How were you notified of changes to the OSHA codes? Who decided what corrective actions were to be taken?
8. Were you involved in teaching or providing OSHA training? If yes, what OSHA standards/laws did you cover? Please provide a copy of your training/teaching outline.
9. Were you responsible for all accident investigations for your company? If not, who was?

Give an example of an occupational accident you investigated.

I certify that all statements are true and I understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment in the State of Hawaii civil service.

I authorize the employers and institutions named herein to verify the statements I have made and to release employment information as requested by the Department of Labor and Industrial Relations of the State of Hawaii.

Signature

Date

EMPLOYMENT AVAILABILITY INFORMATION
State of Hawaii Application for Civil Service Positions

Department of Labor and Industrial Relations Personnel Office 830 Punchbowl Street #312 Honolulu, HI 96813

Social Security Number _____ Name _____
Last First Middle Initial

INSTRUCTIONS:

1. Please type or print in ink.
2. The employment conditions you choose will determine the types of job(s) (e.g., full-time, permanent, Wailuku, etc.) for which you will be referred.
3. Notify us in writing of any changes to your mailing address, telephone number, and/or work availability. Be sure to include your full name, and the job you applied for.

Recruitment Number	Job Title

Do you have a current driver's license? ____ Yes ____ No If yes, please provide verification of the following information:

Driver's License Number	Type/Endorsement	State	Expiration Date

Are you a civil service member of the Hawaii State Government, Executive Branch? ____ Yes ____ No

(To be used for Promotional Recruitment Only)

Employment Availability Please check the following conditions of employment for which you are interested and available. If you are appointed to a temporary position and had also indicated interest in permanent employment, we will continue to refer you to permanent positions provided you are active on the register and within referral range for the position. **A blank response will be considered a NO response.**

- | | | | | | |
|-----------------------------------|------------------------------------|------------------------------------|--|------------------------------------|------------------------------------|
| 1. Permanent job | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time | 3. Temporary job of more than 9 months | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time |
| 2. Temporary job of 2 to 9 months | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time | 4. A job at a lower rate of pay | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Geographical Availability Please check all the locations for which you are willing to accept employment.

Note: You must be available to work in any or all areas within the geographic area(s) that you have selected.

OAHU

- ☐ Ewa (Including Makakilo, Kapolei, Barbers Point, Ewa Beach)
- ☐ Waipahu to Aiea (Includes Waikele, Waipio, Pearl City)
- ☐ Downtown Honolulu
- ☐ Kaneohe to Kualoa (Includes Kahaluu, Waiahole, Waikane)

HAWAII

- ☐ Hilo
- ☐ Kona

KAUAI

- ☐ Lihue

MAUI

- ☐ Wailuku / Kahului

MOLOKAI

- ☐ Kaunakakai (Including Maunaloa, Hoolehua, Kualapuu)

STATE OF HAWAII
Department of Labor and Industrial Relations
830 Punchbowl Street, Room 312, Honolulu, Hawaii 96813
An Equal Opportunity / Affirmative Action Employer

APPLICANT DATA SURVEY

In order to meet the requirements as set forth in Federal guidelines, we need your cooperation and assistance in completing this form. Participation in the survey is confidential and voluntary. Your replies to this survey will **not** affect your eligibility or opportunity for employment in any way. The data will be used for reporting and personnel research purposes only. This form will not be released for selection purposes.

Complete one Applicant Data Survey form for each job you apply for.
Please Print.

NAME: _____

DATE: _____

JOB APPLYING FOR:

TITLE

RECRUITMENT NUMBER

AGE: ____ Under 20 ____ 20-24 ____ 25-29 ____ 30-39 ____ 40-49 ____ 50 & over

SEX: ____ Female ____ Male

ETHNIC BACKGROUND CATEGORIES:

Review all the ethnic background categories listed below. Determine the category which you believe best represents your ethnic background. **CHECK ONLY ONE.**

____ Black	____ Chinese	____ Filipino	____ Hawaiian
____ Part-Hawaiian	____ Japanese	____ Korean	____ Hispanic
____ Samoan	____ White*	____ Mixed (other than Part-Hawaiian)	____ Others or Unknown

*Includes persons of Indo-European descent, including Pakistani and East Indian, and persons of Spanish or Latin descent(excluding Filipino and Puerto Rican).

STATE OF HAWAII
Department of Labor and Industrial Relations
830 Punchbowl Street, Room 312, Honolulu, Hawaii 96813

If you are eligible for employment consideration, you will be referred to vacancies based on your examination score and the employment conditions you specified on your application form. Listed below are other important information regarding your eligibility on the list.

Your name may continue to be *referred* to vacancies even after you are appointed to a temporary position from an eligible list that was established to fill both permanent and temporary positions. Your availability for temporary positions will be removed and you will not be referred to other temporary vacancies. However, if you indicated interest in permanent positions on your application, you will continue to be referred to permanent positions.

Suspension, Restoration, and Termination of Your Eligibility

A. Your eligibility will be *suspended* when:

1. on two separate occasions, you decline a job offer, do not report for an employment interview or respond to an employment inquiry, indicate lack of interest in any other way for a position, or you are contacted and not available to attend an interview;
2. you not report to duty after appointment to a position;
3. further investigation of your suitability for employment needs to be conducted; or
4. you are found to be unable or ineligible to perform the work.

B. You may request that your eligibility be *restored/reinstated* to the eligible list, if the list is still active and your eligibility has not expired, under the following conditions:

1. you are now available for employment;
2. you now meet the physical standards of the job; or
3. you terminated without delinquency or misconduct during your initial probationary period after being appointed from the list.

When submitting your written request, please include your name, social security number, job title, and recruitment number.

C. Your eligibility will be *terminated* when:

1. you are appointed to a permanent position from the eligible list;
2. you are found to be ineligible for appointment;
3. you withdraw from employment consideration;
4. you are contacted and not interested in a position for which a recruitment was specifically conducted; or
5. after being suspended and reinstated to the eligible list on two previous occasions, you decline a job offer; do not report for an employment interview or respond to an employment inquiry; or indicate a lack of interest in any other way for a position on two additional and separate occasions.